



1111 20th Street, N.W.
Suite 450
Washington, D.C. 20036

**RESTRICTED
DELIVERY**

RETURN RECEIPT
REQUESTED

Fold at line over top of envelope to the right
of the return address

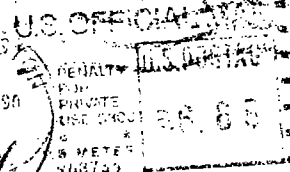
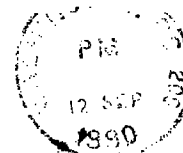
CERTIFIED

P 733 838 330

MAIL

Mr. Carl K. DeMonbrun
Citicorp
399 Park Avenue
New York, N.Y. 10043

C-1-149



000204

UNDERSIZED DOCUMENTS

P 733 838 330
RECEIPT FOR CERTIFIED MAIL
 NO INSURANCE COVERAGE PROVIDED
 NOT FOR INTERNATIONAL MAIL
 (See Reverse)

Sent to		Carl K. DeMonbrun
Street and No.		399 Park Avenue
P.O., State and ZIP Code		New York, NY 10043
Postage		\$.25
Certified Fee		85
Special Delivery Fee		
Restricted Delivery Fee		2.00
Return Receipt showing to whom and Date Delivered		
Return Receipt showing to whom, Date, and Address of Delivery		
TOTAL Postage and Fees		\$ 4.00
Postmark or Date		

PS Form 3800, June 1985

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.
 Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. ☐ Show to whom delivered, date, and addressee's address. (Extra charge) 2. ☒ Restricted Delivery (Extra charge)

3. Article Addressed to: Mr. Carl K. DeMonbrun Citicorp 399 Park Avenue New York, NY 10043	4. Article Number P. 733 838 330 Type of Service: <input checked="" type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise Always obtain signature of addressee or agent and DATE DELIVERED .
5. Signature — Address X	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature — Agent X	
7. Date of Delivery	

UNITED STATES POSTAL SERVICE
OFFICIAL BUSINESS



SENDER INSTRUCTIONS

Print your name, address and ZIP Code in the space below.

- Complete items 1, 2, 3, and 4 on the reverse.
- Attach to front of article if space permits, otherwise affix to back of article.
- Endorse article "Return Receipt Requested" adjacent to number.



PENALTY FOR PRIVATE
USE, \$300

RETURN
TO



Print Sender's name, address, and ZIP Code in the space below.

Copyright Royalty Tribunal

1111 20th Street, N.W. ste 450

Washington, D. C. 20036



1111 20th Street, N.W.
Suite 450
Washington, D.C. 20036
(202) 653-5175

September 12, 1990

Mr. Carl K. DeMonbrun
Polyphonic Music Inc.
JAF P.O. Box 7894
New York, N.Y. 10116

Citicorp
399 Park Avenue
New York, N.Y. 10043


Dear Mr. DeMonbrun,

We have received a Motion filed by ASCAP and supported by BMI and SESAC to dismiss your claim to the 1989 jukebox copyright royalty fund on the ground that you were a member of ASCAP in 1989, and, therefore, your claim is already a part of ASCAP's claim.

Your response to ASCAP's motion is due September 26. If you do not respond by that time, the Tribunal will accept as un rebutted ASCAP's assertion that you were an ASCAP member in 1989, and your claim will be dismissed.

This letter is being sent in separate envelopes to the two addresses above which you have provided the Tribunal. If you have any questions, please call the Tribunal's General Counsel, Robert Cassler, at 202-653-5175 during regular business hours.

Sincerely yours,


J.C. Argetsinger
Chairman

cc: ASCAP, BMI, SESAC